

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | V IN J   |        | 09-05-01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | J        | 9n     | 11/10/9  |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original | 5/6/95 |
| 1        |        |
| 2        |        |
| 3        |        |
| 4        |        |
| 5        |        |
| 6        |        |
| 7        |        |
| 8        |        |
| 9        |        |
| 10       |        |
| 11       |        |
| 12       |        |
| 13       |        |
| 14       |        |
| 15       |        |
| 16       |        |
| 17       |        |
| 18       |        |
| 19       |        |
| 20       |        |
| 21       |        |
| 22       |        |
| 23       |        |
| 24       |        |
| 25       |        |
| 26       |        |
| 27       |        |
| 28       |        |
| 29       |        |
| 30       |        |
| 31       |        |
| 32       |        |
| 33       |        |
| 34       |        |
| 35       |        |
| 36       |        |
| 37       |        |
| 38       |        |
| 39       |        |
| 40       |        |
| 41       |        |
| 42       |        |
| 43       |        |
| 44       |        |
| 45       |        |
| 46       |        |
| 47       |        |
| 48       |        |
| 49       |        |
| 50       |        |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 51       |      |
| 52       |      |
| 53       |      |
| 54       |      |
| 55       |      |
| 56       |      |
| 57       |      |
| 58       |      |
| 59       |      |
| 60       |      |
| 61       |      |
| 62       |      |
| 63       |      |
| 64       |      |
| 65       |      |
| 66       |      |
| 67       |      |
| 68       |      |
| 69       |      |
| 70       |      |
| 71       |      |
| 72       |      |
| 73       |      |
| 74       |      |
| 75       |      |
| 76       |      |
| 77       |      |
| 78       |      |
| 79       |      |
| 80       |      |
| 81       |      |
| 82       |      |
| 83       |      |
| 84       |      |
| 85       |      |
| 86       |      |
| 87       |      |
| 88       |      |
| 89       |      |
| 90       |      |
| 91       |      |
| 92       |      |
| 93       |      |
| 94       |      |
| 95       |      |
| 96       |      |
| 97       |      |
| 98       |      |
| 99       |      |
| 100      |      |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 101      |      |
| 102      |      |
| 103      |      |
| 104      |      |
| 105      |      |
| 106      |      |
| 107      |      |
| 108      |      |
| 109      |      |
| 110      |      |
| 111      |      |
| 112      |      |
| 113      |      |
| 114      |      |
| 115      |      |
| 116      |      |
| 117      |      |
| 118      |      |
| 119      |      |
| 120      |      |
| 121      |      |
| 122      |      |
| 123      |      |
| 124      |      |
| 125      |      |
| 126      |      |
| 127      |      |
| 128      |      |
| 129      |      |
| 130      |      |
| 131      |      |
| 132      |      |
| 133      |      |
| 134      |      |
| 135      |      |
| 136      |      |
| 137      |      |
| 138      |      |
| 139      |      |
| 140      |      |
| 141      |      |
| 142      |      |
| 143      |      |
| 144      |      |
| 145      |      |
| 146      |      |
| 147      |      |
| 148      |      |
| 149      |      |
| 150      |      |

If more than 150 claims or 10 actions  
staple additional sheet here

832  
11/19/9

(LEFT INSIDE)